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**HIV/AIDS Issues in Alberta:
The 1995 Survey of Adults**

Final Report

Prepared for Alberta Health

by:

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HIV/AIDS ISSUES

IN ALBERTA:

THE 1995 SURVEY OF ADULTS

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Alberta Health

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1. Survey Highlights

The Study

- The 1995 HIV/AIDS Issues in Alberta Survey is the fifth in a series of studies funded by the Provincial AIDS Program, Alberta Health. Previous surveys were done in 1994, '93, '92, and '90.
- For the 1995 study, a random sample of 1204 respondents representing the general population of adult Albertans was interviewed by telephone. The sample was selected by random digit dialling.

Public Understanding of HIV/AIDS

- Almost three out of every four adult Albertans knew that it is definitely true that a person can be infected with the AIDS virus and not look sick, up from two out of every three respondents in 1994 and 1992.

Testing for HIV

- Twenty-four percent (24%) of the 1995 respondents had been tested for HIV, up significantly from 20% in 1994 and 14% in 1992. Eleven percent (11%) of the 1995 respondents expected to be tested in the next twelve months.
- The majority of respondents thought that the following persons should all be tested for HIV, even if they do not give consent: blood and organ donors, prostitutes, injection drug users, health

care workers, expectant mothers, recipients of blood transfusions, patients entering hospitals, and homosexual and bisexual men. Public opinion in 1995, compared to 1990, was more likely to support the involuntary testing of health care workers, prostitutes and injection drug users and less likely to support the involuntary testing of recipients of blood transfusions and homosexual and bisexual men.

Perceptions of Own Risk

- Almost half (48%) of the respondents to the 1995 survey felt that they had no chance of getting the AIDS virus while a similar number (44%) felt their chances were low. Only 6% felt that their chances were medium while very few (2%) perceived that their chances of getting HIV were high.
- The majority of respondents to the survey indicated that if they did get AIDS, they would likely get it through blood transfusions and blood products or through other medical contingencies. Alternatively, about one in three respondents felt that if they did get AIDS, it would be from sexual behaviour. Concern about sexual sources of infection was highest among the 18-26 year olds while concern about medical sources of infection was highest among persons over 35 years of age. Persons who felt that their risk of getting AIDS was high or medium indicated that sexual behaviour would be their most likely source of exposure. On the other hand, persons who felt that their risk of

getting AIDS was low or none indicated that medical reasons would be their most likely source of exposure.

Reported Risk Behaviours

- Two in every three respondents reported one sex partner in the last two years while one in six had no partner and another one in six had two or more partners. Virtually all reported relationships were heterosexual. Respondents were more likely to use condoms with a casual partner and with multiple partners. Their primary reason for using condoms was for protection from HIV and other sexually transmitted diseases. Persons who had multiple sex partners and who did not always use a condom reported several reasons for not using a condom each time including having confidence in one's partner, dislike of condoms, and not always having a condom available.
- Two percent of respondents reported having ever engaged in intravenous drug use while less than 1% reported having a recent sex partner who had ever injected drugs.

Relationship of Risk Behaviour to Testing

- Persons who had been tested for the AIDS virus and/or expected to be tested in the next twelve months were more likely to report having had multiple sex partners in the last two years. Furthermore, persons who perceived that they had a high or medium chance of getting the AIDS virus, and to a lesser extent

persons who perceived that they had a low chance of getting the AIDS virus, were more likely to report multiple sex partners in comparison to persons who felt that they had no chance at all of getting the virus.

- Persons who had been tested or expected to be tested in the next 12 months for the AIDS virus were more likely to report having ever injected drugs or having a sex partner who had ever injected drugs. Furthermore, respondents who felt that they had some chance of getting the AIDS virus, in comparison to persons who felt that they had no chance of getting HIV, were more likely to report having ever injected drugs or having a sex partner who had ever injected drugs.

Public Education Regarding HIV/AIDS

- The majority of respondents thought that education on sexual health, HIV infection/AIDS, other sexually transmitted diseases, and birth control should begin in elementary school. Furthermore, the majority of respondents thought that there should be more emphasis on condom use in junior and senior high school classroom instruction.
- Finally, Albertans strongly endorse the continued or increased provision of public health messages by Alberta Health on the prevention of HIV/AIDS.

2. Description of the Survey

Background

The 1995 HIV/AIDS Issues in Alberta Survey is the fifth study of adult Albertans conducted by the Population Research Laboratory of the Department of Sociology at the University of Alberta for the Provincial AIDS Program, Alberta Health. The previous surveys were done in 1994, 1993, 1992, and 1990. The 1995 study repeats a number of questions asked on previous surveys in order to facilitate the assessment of trends in public perception, opinion, and behaviour (see Appendix 1).

Objectives

The first objective of the 1995 survey was to measure the following: public knowledge about HIV/AIDS; the extent of previous and anticipated testing for HIV and opinions regarding who should be tested; perceptions of risk including respondents' reasons for their perceived level of risk; risk behaviours including sexual activity, condom usage, and intravenous drug use; and opinions regarding public education about HIV/AIDS issues. The second objective was to compare responses from the 1995 survey with responses to previous surveys to assess change in public opinion, knowledge, and behaviour regarding HIV/AIDS. The third objective was to compare white collar and blue collar respondents focusing particularly on the 18 to 26 age group.

Sample

The relevant population for the 1995 Alberta Survey was all persons 18 years of age and older, residing in Alberta, and accessible by telephone. Separate samples were selected for Edmonton, Calgary, and the remainder of Alberta. These samples were combined using appropriate weights so as to constitute a representative sample of adult Albertans. The sampling procedure involved two stages. First, households were selected using random digit dialling. Second, an adult respondent was selected from each household so that an equal number of males and females were interviewed. There was a total of 1204 respondents with a response rate of 71%.

Data Collection

Interviews were conducted by telephone in November of 1995.

Questionnaire

The Alberta Survey is an amalgam survey covering a variety of topics which change from year to year. While the Alberta Survey has been an annual survey in the past, in 1995 three separate surveys were conducted (February/March, March/April, and November). The 1995 HIV/AIDS questions were part of the November survey. Standard socio-demographic data (e.g., age, sex, education) are obtained for each survey. The 1995 survey questions dealing with HIV/AIDS issues are attached in Appendix 2.

Profile of Respondents

The quota sampling for males and females produced a balanced sample with respect to gender. Median age was 39. Almost one in four respondents were never married, while six in every ten were currently married or living common-law. The remainder (one in six) were separated, divorced or widowed. Almost three in four were currently employed in the paid labour force; 5% were unemployed. Median number of years of schooling was 14. Regarding religion, 46% were Protestant, 29% were Catholic, 4% were other religions, and 20% claimed no religion. Fifty-four percent said that their religious beliefs were strong. Median individual income was \$24,000 - 25,999 while median household income was \$45,000 - 49,999. Two in three owned their residence, while one in three were renters. The sample was compared to the 1994 preliminary post-censal estimates for Alberta for age and marital status and found to be adequately representative.¹

Limitations

Questions about HIV/AIDS can be very sensitive. In particular, respondents might be reluctant to answer questions about their sexual behaviours. However, non-response rates were very low. For example, 3.4% of respondents declined to say how many sex partners they had in the last two years. Furthermore, only 1.0% of respondents refused to say whether or not they had ever injected

¹ Donna Fong and Dave Odynak. The 1995 Alberta Survey (C) Sampling Report. Alberta/Edmonton Series Report No. 84. Population Research Laboratory, University of Alberta, Edmonton, Alberta.

drugs and only 1.5% refused to say whether or not they had sex in the past year with a partner who had ever injected drugs.

Nevertheless, respondents might estimate answers (e.g., questions relating to the past two years) and might misreport answers (e.g., number or gender of sex partners in the past two years, use or non-use of condoms, intravenous drug use). There is also a possibility that respondents might bias their answers differently depending on the sex of the interviewer (most of the interviewers were female). Finally, while the overall sample size is large and the sampling error is therefore small, for small subsamples, (e.g., male respondents admitting to having sex with a male partner(s) in the past two years), estimates are less reliable.

3. Can a Person Be Infected and Not Look Sick?

Respondents to the 1995, 1994 and 1992 surveys were asked if it was definitely true, probably true, probably false, or definitely false that "a person can be infected with the AIDS virus and not look sick." Table 1 shows that in 1995 almost three out of every four adult Albertans knew that it is definitely true that a person can be infected with the AIDS virus and not look sick. Another one in four were close to selecting the correct answer -- "definitely true" -- in that they believed that this statement is "probably true." Only two percent believed that the statement is probably or definitely false. While the pattern of responses was virtually identical in 1994 and 1992, in 1995 respondents were more likely to be aware that a person can be infected with the AIDS virus and not look sick.

TABLE 1

Respondents' Assessments of the Statement "A Person Can Be Infected with the AIDS Virus and Not Look Sick,"
1995, 1994 and 1992

Assessment	1995 %	1994 %	1992 %
Definitely true	72	66	66
Probably true	26	31	31
Probably false	1	2	2
Definitely false	1	1	1
Total (n)	100 (1154)	100 (1229)	100 (1222)

$\chi^2=21.3$, df=6, $p<.01$

4. Testing for HIV

Respondents in 1995, 1994 and 1992 were asked if they had ever been tested for HIV (AIDS). In addition, respondents in 1995, 1994 and 1990 were asked if they expected to have a blood test for HIV (AIDS) in the next twelve months. Table 2 shows that 24% of the 1995 respondents had been tested, up significantly from 20% in 1994 and 14% in 1992. Table 2 also shows that 11% of the 1995 respondents expected to be tested in the next twelve months, in comparison to 12% in 1994 and 10% in 1990.

TABLE 2

Percentage of Respondents Who Had Ever Had a Test for HIV (AIDS), 1995, 1994 and 1992, and Percentage Who Expect to Have a Test in the Next Twelve Months, 1995, 1994 and 1990

	1995 %	1994 %	1992 %	1990 %
Ever had a test for HIV (AIDS)?				
Yes	24	20	14	-
No	76	80	86	-
Total (n)	100 (1178)	100 (1242)	100 (1254)	
$\chi^2=44.5$, df=2, $p<.001$				
Expect to have a test for HIV (AIDS)?				
Yes	11	12	-	10
No	89	88	-	90
Total (n)	100 (1161)	100 (1217)		100 (1202)
$\chi^2=3.4$, df=2, $p>.05$				

Respondents in 1995 and 1990 were asked if they thought that various people should be tested for HIV, even if those persons do not give consent. Table 3 shows that the **majority** of respondents endorsed the testing of each of the categories of people listed except members of the military and airline pilots. Virtually all respondents in 1995 (95%; 92% in 1990) thought that blood donors and organ donors should be tested. Respondents in 1995, in comparison to 1990, were **more** likely to think that prostitutes, injection drug users and health care workers should be tested (79%, 78% and 74% respectively, up from 73%, 71% and 63% in 1990). Respondents were **less** likely in 1995 to think that recipients of blood transfusions, bisexual men, and gay men should be tested (65%, 56% and 55% respectively, down from 69%, 59% and 60% in 1990). Support for the testing of hospital patients remained the same (58%). Two out of every three respondents in 1995 felt that expectant mothers should be tested. (Expectant mothers were not included in the 1990 question).

Some respondents thought that other persons not listed should be tested. Five percent of respondents in 1995 specifically indicated that they thought that doctors, dentists and/or nurses should be tested. Three percent said everybody should be tested while another 3% singled out immigrants. Two percent said prisoners should be tested and food handlers, police/fire persons, sex offenders, and all sexually active persons were each listed by 1% of respondents.

TABLE 3

Respondents' Answers to the Question "Please tell me if you think any of the following people should be tested for HIV, even if they do not give consent?" 1995 and 1990

Should any of the following be tested?	Percent Saying Yes	
	1995	1990
Recipients of blood transfusions	65	69 **
Blood donors and organ donors	95	92
Patients entering hospital	58	58
Health care workers	74	63 **
Expectant mothers	67	--
The military and airline pilots	39	36
Homosexuals (gay men)	55	60 **
Bisexual men	56	59 **
Prostitutes (male or female)	79	73 *
Injection drug users	78	71 *
Any others	23	15 **
(n)	(1135-1191) (1174-1237)	

χ^2 =variable, df=1, p<.01 is indicated by "***" and p<.05 by "**".

5. Perceptions of Risk: Chances of Getting the AIDS Virus

Respondents in 1995, 1994, 1992 and 1990 were asked "What do you think your chances are of getting the AIDS virus? Do you think they are high, medium, low, or none?" In 1995, respondents were then asked "If you did get AIDS what do you think is the most likely way that you would have contracted the virus?" and up to two answers were recorded. Table 4 shows respondents' perceptions of their chances of getting the AIDS virus. While the pattern of responses from 1990 to 1992 to 1994 suggests that the public's perceptions of their chances of getting the AIDS virus had risen somewhat, in 1995 this trend was no longer evident. Furthermore, 48% in 1995 felt that they had no chance of getting the AIDS virus and another 44% felt that their chances were low. Very few (2%) felt that they were at high risk.

TABLE 4

Respondents' Perceptions of Their Chances of Getting the AIDS Virus, 1995, 1994, 1992 and 1990

Perceived Chance of Getting AIDS Virus	1995 %	1994 %	1992 %	1990 %
High	2	2	2	2
Medium	6	9	5	5
Low	44	45	45	41
None	48	45	48	52
Total (n)	100 (1194)	101 (1250)	100 (1263)	100 (1220)

Totals may not add to 100 due to rounding.

$\chi^2=68.6$, $df=9$, $p<.001$

Table 5 shows the first and second answers respondents gave in 1995 to the question "If you did get AIDS what do you think is the most likely way that you would have contracted the virus?" Most of the respondents (89%) answered this question and 11% gave two answers. The majority of respondents said that if they did get AIDS, the most likely way that they would have contracted the virus would be through medical contingencies. Indeed, respondents thought that the single most likely way of contracting HIV would be through blood transfusions and blood products. Sexual behaviour was the second most common category of answers. More than one in every three respondents indicated that sexual behaviour was the most likely way that they would contract HIV. Relatively few respondents felt that they might contract HIV at work or through injection drug use or for other reasons.

Tables 6A and 6B compare white collar and blue collar respondents' perceptions of the most likely way they would have contracted the AIDS virus if they get AIDS, controlling for sex and age (18-26, 27-35, and 36+ years of age). Social class differences were modest reaching statistical significance only for females aged 27-35 and 36 and older. White collar females of all ages were more likely to say that if they contracted AIDS, it would be because of exposure on the job. These data reflect the concentration of white collar females in health care occupations such as nursing and medical laboratory technology. There was also a trend in the data by age. Respondents 18 to 26 years of age were more likely to

mention sexual behaviour while persons over 35 were more likely to mention medical reasons as the most likely source of exposure.

Table 7 shows respondents' first answer to the question "If you did get AIDS what do you think is the most likely way that you would have contracted the virus?" by respondents' perceptions of their chances of getting the AIDS virus. Persons who felt that their chances of getting the AIDS virus were high or medium were more likely to identify sexual behaviour as the most likely source of exposure while persons who felt that their chances of getting the AIDS virus were low or none were more likely to list medical reasons. While employment reasons ranked a distant third behind medical reasons and sexual behaviour as the most likely source of exposure, 22% of respondents who felt they were at medium risk, indicated that they felt they were at risk on the job.

TABLE 5

Answers Respondents Gave in 1995 to the Question
 "If you did get AIDS what do you think is the most likely way
 that you would have contracted the virus?"

Most Likely Way Respondent Would Have Contracted the AIDS Virus	First Answer %	Second Answer %
Medical Reasons	55	73
Blood transfusion/products	43	27
Medical procedure/doctor/IV	4	15
Blood (unspecified)	4	8
Open wound/bites	2	9
Dentist	1	8
Injury accidents	1	5
First aid	1	2
Sexual Behaviour	36	18
Sex (intercourse)	26	6
Unprotected/unsafe sex	5	1
Infected partner	3	3
Infidelity/promiscuity	2	2
Bodily fluids/saliva	-	5
Gay/homosexual sex	-	1
Employment	5	2
Through job		
Injection Drug Use	1	4
Dirty needles	-	2
Drug abuse (unspecified)	-	2
Other	2	4
Personal contact (unspecified)	1	2
Public washrooms	1	1
Infected food	-	0
Other	-	1
Total	99	101
(n)	(1069)	(131)

- Respondents stated the most likely way that they would have contracted the AIDS virus, if they did get AIDS. A content analysis of these responses grouped similar comments together and identified the various categories of response as indicated.
- Percentages do not always add to 100 or to subtotals due to rounding.
- "-" indicates that percentage is less than 0.5%.

TABLE 6A

First Answer Female Respondents Gave in 1995 to the Question
 "If you did get AIDS what do you think is the most likely way
 that you would have contracted the virus?"
 by Age and Social Class

Most Likely Way Respondent Would Have Contracted the AIDS Virus	Ages 18-26		Ages 27-35		Ages 36+	
	W %	B %	W %	B %	W %	B %
Medical Reasons	32	40	61	41	68	62
Blood transfusion/products	27	32	47	30	51	51
Medical procedure/doctor/IV	3	0	5	0	7	3
Blood (unspecified)	0	1	3	3	6	3
Open wound/bites	3	3	0	5	3	2
Dentist	0	0	2	3	-	0
Injury accidents	0	1	2	0	1	3
First aid	0	2	2	0	-	0
Sexual Behaviour	56	56	27	53	18	31
Sex (intercourse)	39	40	25	35	8	19
Unprotected/unsafe sex	5	11	0	11	6	5
Infected partner	8	5	1	3	3	5
Infidelity/promiscuity	5	0	0	5	1	2
Bodily fluids/saliva	0	0	0	0	-	1
Gay/homosexual sex	0	0	0	0	0	0
Employment	13	4	13	2	11	2
Injection Drug Use	0	0	0	3	-	3
Dirty needles	0	0	0	3	-	1
Drug abuse (unspecified)	0	0	0	0	0	2
Other	0	0	0	2	3	3
Personal contact (unspecified)	0	0	0	2	-	1
Public washrooms	0	0	0	0	-	3
Infected food	0	0	0	0	1	0
Other	0	0	0	0	1	0
Total	101	100	101	101	100	101
(n)	(30)	(63)	(59)	(47)	(192)	(136)
χ^2 probability on subtotals	p=.23		p=.01		p=.001	

- Percentages do not always add to 100 or to subtotals due to rounding.
- "-" indicates that percentage is less than 0.5%.
- W=white collar (managers, professionals, paraprofessionals, and skilled technical), B=blue collar (clerical, sales and service, trades, transport and equipment operators, labourers, occupations in primary industry, machine operators, and occupations in processing and manufacturing), M=male, F=female.

TABLE 6B

First Answer Male Respondents Gave in 1995 to the Question
 "If you did get AIDS what do you think is the most likely way
 that you would have contracted the virus?"
 by Age and Social Class

Most Likely Way Respondent Would Have Contracted the AIDS Virus	Ages 18-26		Ages 27-35		Ages 36+	
	W %	B %	W %	B %	W %	B %
Medical Reasons	32	35	41	50	64	57
Blood transfusion/products	20	24	30	38	52	43
Medical procedure/doctor/IV	5	3	2	5	4	7
Blood (unspecified)	8	8	7	1	2	2
Open wound/bites	0	0	0	3	3	1
Dentist	0	0	2	0	2	2
Injury accidents	0	0	0	1	2	1
First aid	0	0	0	1	0	1
Sexual Behaviour	56	63	50	48	28	34
Sex (intercourse)	56	46	36	41	20	24
Unprotected/unsafe sex	0	15	5	3	2	4
Infected partner	0	1	8	3	2	1
Infidelity/promiscuity	0	0	0	1	1	6
Bodily fluids/saliva	0	1	0	0	1	0
Gay/homosexual sex	0	0	0	0	2	0
Employment	4	2	5	3	4	5
Injection Drug Use	0	0	0	0	1	1
Dirty needles	0	0	0	0	1	0
Drug abuse (unspecified)	0	0	0	0	0	1
Other	7	1	4	0	4	4
Personal contact (unspecified)	7	0	2	0	2	1
Public washrooms	0	0	0	0	1	1
Infected food	0	0	0	0	1	1
Other	0	1	2	0	1	1
Total (n)	99 (19)	101 (77)	100 (42)	101 (85)	101 (128)	101 (163)
χ^2 probability on subtotals	p=.36		p=.23		p=.84	

• Percentages do not always add to 100 or to subtotals due to rounding.

• "-" indicates that percentage is less than 0.5%.

• W=white collar (managers, professionals, paraprofessionals, and skilled technical), B=blue collar (clerical, sales and service, trades, transport and equipment operators, labourers, occupations in primary industry, machine operators, and occupations in processing and manufacturing), M=male, F=female.

TABLE 7

First Answer Respondents Gave in 1995 to the Question
 "If you did get AIDS what do you think is the most likely way
 that you would have contracted the virus?" by Respondents'
 Perceptions of Their Chances of Getting the AIDS Virus, 1995

Most Likely Way Respondent Would Have Contracted the AIDS Virus	Chances of Getting the AIDS Virus High %	Medium %	Low %	None %
Medical Reasons	29	26	51	64
Blood transfusion/products	24	10	40	51
Medical procedure/doctor/IV	0	1	5	4
Blood (unspecified)	0	8	4	3
Open wound/bites	0	6	1	2
Dentist	6	0	1	1
Injury accidents	0	0	1	1
First aid	0	0	0	1
Sexual Behaviour	59	51	39	31
Sex (intercourse)	47	35	28	22
Unprotected/unsafe sex	6	9	7	3
Infected partner	6	4	4	2
Infidelity/promiscuity	0	3	1	3
Bodily fluids/saliva	0	0	0	1
Gay/homosexual sex	0	0	0	-
Employment	6	22	7	2
Injection Drug Use	6	0	0	1
Dirty needles	0	0	0	1
Drug abuse (unspecified)	6	0	0	1
Other	0	1	3	2
Personal contact (unspecified)	0	0	1	-
Public washrooms	0	1	-	1
Infected food	0	0	1	-
Other	0	0	1	-
Total	100	100	100	100
(n)	(17)	(68)	(482)	(499)

- Chi-Square on subtotals: $\chi^2=99.8$, $df=12$, $p<.000$
- This table presents the respondents' first answer to the question regarding the most likely way of contracting the AIDS virus. Only 11% gave a second answer.
- Percentages do not always add to 100 or to subtotals due to rounding.
- "-" indicates that percentage is less than 0.5%.

6. Risk Behaviour:

Sexual Activity and Intravenous Drug Use

In three previous surveys (1994, 1992, 1990), respondents were asked "In the last two years have you had sex with at least one **new** partner?" Further questions were then asked only of those that had a **new** sex partner. In 1995, however, respondents were asked "How many people have you had sex with in the last two years?" Further questions were then asked of **all** persons who had at least one sex partner, **whether new or not**.

Table 8 shows that two in every three respondents reported one sex partner in the last two years while one in six respondents had no partner and another one in six had two or more partners. Just over 2% of respondents reported six or more sex partners. In comparison to females, males were more likely to have had three or more partners. Females were more likely to have had no sex partner in the last two years than were males. Virtually all relationships reported, whether by males or females, were heterosexual.

With respect to condom usage, respondents were more likely to always use condoms with a casual sex partner than with a usual partner and were more likely to always use condoms with both casual and usual partners if they had two or more sex partners in the last two years.

Persons who reported having sex with at least one partner in the past two years and using condoms always or sometimes were asked why they used condoms. Up to three responses were recorded, although most gave only one response. In addition, persons who reported having sex with at least one partner in the past two years and using condoms sometimes or never were asked "What was your MAIN reason for not using condoms each time you had sexual intercourse?" The majority of persons reporting one sex partner indicated that birth control was their primary reason for using condoms always or sometimes. In contrast, the majority of persons reporting two or more sex partners indicated that protection (from HIV, STD, etc.) was their primary motivation.

For persons who sometimes or never used condoms and who reported one sex partner, the main reasons for **not** using condoms each time were monogamy and the fact that birth control was accomplished in other ways or was not an issue. For persons who sometimes or never used condoms and who reported two or more sex partners, the main reasons for **not** using condoms each time included confidence in partner, a dislike of condoms, and not always having a condom available.

Tables 9A and 9B report sexual behaviour by social class, controlling for age and sex. No statistically significant social class differences were evident. Persons 18-26 years of age appeared to be more likely to have multiple sex partners.

TABLE 8**Reported Frequencies of Sexual Behaviour, for 1995**

Sexual Behaviour		Percentages		
Number of sex partners in the last two years:		Males	Females	All
0		12	22	17
1		69	67	68
2		6	6	6
3		5	2	4
4		3	2	2
5		2	1	1
6+		4	1	2
(n)		(585)	(578)	(1163)
$\chi^2=39.6$, $df=6$, $p<.00$				
If male and had sex with at least one partner in the last two years (n=522):				
• All partners were female			99%	
• All partners were male			(n=3)	
• Some partners female and some male			(n=2)	
If female and had sex with at least one partner in the last two years (n=452):				
• All partners were male			100%	
• All partners were female			(n=1)	
• Some partners male and some female			(n=0)	
If one sex partner in the last two years (n=787):				
• Partner was usual partner			96%	
• Partner was casual partner			4%	
Condom usage with:		Usual Partner	Casual Partner	
Always		8	47	
Sometimes		14	14	
Never		78	39	
(n)		(751)	(31)	
$\chi^2=47.5$, $df=2$, $p<.001$				
If 2+ sex partners in the last two years (n=175):				
Condom usage with:		Usual Partner(s)	Casual Partner(s)	
Always		35	57	
Sometimes		33	22	
Never		30	14	
No usual/casual partner		1	7	
(n)		(175)	(174)	
$\chi^2=29.5$, $df=2$, $p<.001$				

Table 8 continued next page...

Table 8 (continued)

Sexual Behaviour	Percentages	
<p>If one or more sex partners in last two years and if "always" or "sometimes" use condoms, reasons for using condoms:</p>		
	one partner	two+ partners
First reason		
• Birth control	73	35
• Protection/safety (from HIV, STD, unspecified)	24	65
• Other	3	0
(n)	(176)	(136)
$\chi^2=54.3$, df=2, p<.000		
Second reason		
• Birth control	41	40
• Protection/safety (from HIV, STD, unspecified)	57	60
• Other	3	0
(n)	(29)	(73)
$\chi^2=1.95$, df=2, p=.38		
<p>If one or more sex partners in last two years and if "sometimes" or "never" use condoms, <u>main</u> reason for <u>not</u> using condoms <u>each</u> time:</p>		
	one partner	two+ partners
• Married/long relationship/one partner/ trust/know partner	51	36
• Use other contraception/vasectomy/tubal/ hysterectomy/childbearing years over	28	9
• Condoms do not feel good/don't fit/ interrupt/spoil mood	4	16
• Want a child	6	2
• Didn't see a need	5	5
• Didn't always have one available	1	15
• Didn't want to/ignorance/laziness	2	10
• Other	2	7
(n)	(697)	(112)
$\chi^2=132$, df=7, p<.000		

Percentages may not add to 100 due to rounding.

TABLE 9A

**Reported Frequencies of Sexual Behaviour,
by Age and Social Class, for Females, 1995**

Sexual Behaviour	Ages 18-26		Ages 27-35		Ages 36+	
	W %	B %	W %	B %	W %	B %
# sex partners in last 2 years:						
0	17	17	3	3	24	36
1	55	50	82	76	71	62
2	22	12	10	10	3	2
3	4	3	4	4	1	0
4	3	6	1	7	0	1
5	0	5	0	0	0	0
6+	0	7	0	0	-	0
Total (n)	101 (33)	100 (65)	100 (60)	100 (52)	99 (197)	101 (147)
1 sex partner in last 2 years :						
• Partner was usual partner	80	91	100	98	98	96
• Partner was casual partner (n)	20 (18)	10 (33)	0 (49)	2 (39)	2 (139)	4 (91)
Condom use w/ usual partner:						
Always	16	17	7	9	5	7
Sometimes	24	27	22	22	9	5
Never (n)	61 (14)	56 (30)	71 (49)	70 (38)	87 (134)	88 (88)
Condom use w/ casual partner:						
Always						
Sometimes						
Never (n)	(4)	(3)	(0)	(1)	(3)	(4)
2+ sex partners in last 2 years :						
Condom use w/ usual partner(s):						
Always	40	42	33	19	27	36
Sometimes	52	32	32	47	40	20
Never (n)	8 (9)	26 (21)	36 (9)	34 (11)	33 (9)	44 (4)
Condom usage w/ casual partner(s):						
Always	67	59	68	72	76	57
Sometimes	21	26	11	21	12	44
Never (n)	12 (6)	15 (20)	21 (8)	8 (10)	12 (6)	0 (4)

Table 9A continued next page...

Table 9A (continued)

Sexual Behaviour	Ages 18-26		Ages 27-35		Ages 36+	
	W	B	W	B	W	B
	%	%	%	%	%	%
<hr/>						
If 1 sex partner in last 2 years & if "always" or "sometimes" use condoms, first reason for use:						
• Birth control	52	70	95	53	84	59
• Protection/safety	49	30	0	47	9	41
• Other	0	0	5	0	7	0
(n)	(9)	(16)	(14)	(12)	(18)	(12)
			p=.01			
 If 2+ sex partners in last 2 years & if "always" or "sometimes" use condoms, first reason for use:						
• Birth control	49	31	49	31	22	29
• Protection/safety	51	69	52	69	78	71
• Other	0	0	0	0	0	0
(n)	(7)	(18)	(7)	(9)	(7)	(3)
 If 1 sex partner in last 2 years & if "sometimes" or "never" use condoms, <u>main</u> reason for <u>not</u> using condoms <u>each</u> time:						
• Married/long relationship	40	35	53	51	60	67
• Use other contraception	12	37	19	31	29	19
• Condoms do not feel good ...	7	5	2	2	3	3
• Other	42	22	25	15	8	12
(n)	(14)	(26)	(46)	(34)	(130)	(82)
 If 2+ sex partners in last 2 years & if "sometimes" or "never" use condoms, <u>main</u> reason for <u>not</u> using condoms <u>each</u> time:						
• Married/long relationship	37	35	26	34	57	68
• Use other contraception	0	7	12	0	12	0
• Condoms do not feel good	24	7	14	34	0	0
• Other	39	52	49	33	32	32
(n)	(6)	(12)	(6)	(9)	(7)	(3)

- Probability is according to Chi-Square and shown only when significant.
- Percentages may not add to 100 due to rounding.
- W=white collar, B=blue collar, M=male, F=female.

TABLE 9B

Reported Frequencies of Sexual Behaviour,
by Age and Social Class, for Males, 1995

Sexual Behaviour	Ages 18-26		Ages 27-35		Ages 36+	
	W %	B %	W %	B %	W %	B %
# sex partners in last 2 years:						
0	11	17	7	3	10	17
1	50	38	73	75	78	75
2	5	9	8	5	6	4
3	17	7	8	4	4	4
4	5	7	3	6	1	0
5	4	5	2	4	0	0
6+	8	17	0	3	1	1
Total	100	100	101	100	100	101
(n)	(20)	(84)	(49)	(92)	(143)	(189)
1 sex partner in last 2 years :						
• Partner was usual partner	92	88	98	95	99	96
• Partner was casual partner	8	12	2	5	1	4
(n)	(10)	(32)	(35)	(68)	(112)	(141)
Condom use w/ usual partner:						
Always	0	18	18	9	12	3
Sometimes	34	13	24	26	9	9
Never	66	69	59	65	80	88
(n)	(9)	(28)	(34)	(65)	(111)	(133)
					p=.04	
Condom use w/ casual partner:						
Always						
Sometimes						
Never						
(n)	(1)	(4)	(1)	(2)	(1)	(6)
					numbers are too small to provide meaningful information	
2+ sex partners in last 2 years :						
Condom use w/ usual partner(s):						
Always	68	41	79	29	20	19
Sometimes	32	43	21	25	20	30
Never	0	16	0	46	61	51
(n)	(8)	(37)	(10)	(20)	(17)	(17)
					p=.02	
Condom usage w/ casual partner(s):						
Always	89	56	92	69	48	39
Sometimes	12	40	8	16	6	25
Never	0	4	0	16	46	36
(n)	(7)	(37)	(10)	(19)	(15)	(16)

Table 9B continued next page...

Table 9B (continued)

	Ages 18-26		Ages 27-35		Ages 36+	
	W	B	W	B	W	B
Sexual Behaviour	%	%	%	%	%	%
<hr/>						
If 1 sex partner in last 2 years & if "always" or "sometimes" use condoms, first reason for use:						
• Birth control	23	74	71	88	75	79
• Protection/safety	78	26	23	12	19	15
• Other	0	0	5	0	7	5
(n)	(4)	(12)	(14)	(25)	(20)	(15)
If 2+ sex partners in last 2 years & if "always" or "sometimes" use condoms, first reason for use:						
• Birth control	45	41	29	14	31	55
• Protection/safety	55	59	71	86	69	45
• Other	0	0	0	0	0	0
(n)	(8)	(32)	(10)	(16)	(8)	(10)
If 1 sex partner in last 2 years & if "sometimes" or "never" use condoms, <u>main</u> reason for <u>not</u> using condoms <u>each</u> time:						
• Married/long relationship	40	46	22	54	50	45
• Use other contraception	43	35	24	29	30	31
• Condoms do not feel good ...	8	11	18	4	2	4
• Other	8	9	36	14	19	20
(n)	(9)	(24)	(29)	(58)	(97)	(132)
			p=.00			
If 2+ sex partners in last 2 years & if "sometimes" or "never" use condoms, <u>main</u> reason for <u>not</u> using condoms <u>each</u> time:						
• Married/long relationship	36	30	0	33	21	57
• Use other contraception	32	3	36	10	14	16
• Condoms do not feel good	0	17	64	26	20	6
• Other	32	50	0	32	45	22
(n)	(3)	(24)	(2)	(14)	(12)	(14)

- Probability is according to Chi-Square and shown only when significant.
- Percentages may not add to 100 due to rounding.
- W=white collar, B=blue collar, M=male, F=female.

Tables 9A and 9B also show condom usage by number of sex partners and social class, controlling for age and sex. For persons who reported one sex partner, virtually all reported that their partner was their usual partner and the majority reported never using condoms. For persons who reported two or more sex partners, always using condoms with their usual partner(s) was more common, and furthermore, the majority reported always using condoms with casual partners. There was no obvious pattern of social class differences.

Persons with one sex partner emphasized birth control as a reason for using condoms. Persons with more than one sex partner emphasized protection from HIV, STD, and so on for as a reason for using condoms. Again, there were no obvious social class differences. Similarly, reasons for **not** using condoms each time showed no consistent pattern of social class differences.

In previous surveys, respondents had been asked about selected risk behaviours. In the 1994 survey, respondents were asked if at any time since the early 1980s they had done any of the following: injected drugs, took part in anal sex, and/or had sex with a person who is likely to have previously injected drugs. This same question was asked in 1992 except that it was asked only of persons who had sex with at least one new partner in the last two years. A somewhat different question was asked in 1990. In 1990, all respondents were asked if at any time since 1977 they had done

any of the following: injected drugs, received clotting factor concentrates for haemophilia, were male and had anal sex with another man, had sex for money or drugs, and/or had sex with any person who would have done any of the above. In these previous surveys, people were asked if they had done any of these things but were not asked specifically which things they had or had not done.

In the 1995 survey, all respondents were asked if they had ever injected drugs. Table 10 shows that 2% of respondents admitted to having injected drugs at some time in their life. Of the 24 persons who admitted to injecting drugs, three indicated that they had shared needles since 1978 and one said that they always cleaned shared needles with bleach. Furthermore, of the 24 persons who admitted to injecting drugs at some time in their life, three indicated that they had injected in the past 12 months and one person said that they had shared needles in the past 12 months. This person said that they always cleaned shared needles with bleach and had been to a needle exchange program in the past 12 months. Finally, all persons who reported one or more sex partners in the past two years were asked if any of their sex partners of the past 12 months had ever injected drugs. Table 10 shows that six people (less than one percent of respondents) answered yes to this question. Tables 11A and 11B show that injection drug use did not vary significantly by social class, controlling for age and sex.

TABLE 10**Reported Frequencies of Injection Drug Use**

Injection Drug Use	Percentages
Ever injected drugs	
Yes	2
No	98
(n)	(1192)
If ever injected drugs (n=24), ever shared needles since 1978	
Yes	13
No	88
If ever shared needles (n=3), always cleaned needles with bleach	
Yes	33
No	67
If ever injected drugs (n=24), injected drugs in past 12 months	
Yes	13
No	88
If injected drugs in past 12 months and shared needles since 1978 (n=1), shared needles in past 12 months	
Yes	100
If injected drugs in past 12 months and shared needles since 1978 and shared needles in past 12 months (n=1), always cleaned needles with bleach in past 12 months	
Yes	100
If injected drugs in past 12 months and shared needles since 1978 (n=1), went to a needle exchange program in past 12 months	
Yes	100
If one or more sex partners in past 12 months, partner(s) ever injected drugs	
Yes (n=6)	1
No	99
(n)	(975)

Percentages may not add to 100 due to rounding.

TABLE 11A

**Reported Frequencies of Injection Drug Use
for Females, by Age and Social Class, 1995**

Injection Drug Use	Ages 18-26		Ages 27-35		Ages 36+	
	W	B	W	B	W	B
	%	%	%	%	%	%
<hr/>						
Ever injected drugs						
Yes	3	2	1	3	1	4
No	97	98	99	97	99	96
(n)	(34)	(66)	(61)	(52)	(203)	(153)
If ever injected drugs, shared needles since 1978						
Yes	0	100	0	0	0	24
No	100	0	100	100	100	76
(n)	(1)	(1)	(1)	(1)	(2)	(6)
If ever injected drugs, injected in past 12 months						
Yes	0	0	0	0	0	24
No	100	100	100	100	100	76
(n)	(1)	(1)	(1)	(1)	(2)	(6)
If 1+ sex partners in past 12 months, partner(s) ever injected drugs						
Yes	0	4	0	0	1	0
No	100	96	100	100	99	100
(n)	(28)	(54)	(58)	(50)	(152)	(100)

- There were no statistically significant social class differences, as assessed by Chi-Square.
- Percentages may not add to 100 due to rounding.
- W=white collar, B=blue collar, M=male, F=female.

TABLE 11B

**Reported Frequencies of Injection Drug Use
for Males, by Age and Social Class, 1995**

Injection Drug Use	Ages 18-26		Ages 27-35		Ages 36+	
	W %	B %	W %	B %	W %	B %
Ever injected drugs						
Yes	0	0	3	3	3	1
No	100	100	97	97	97	99
(n)	(20)	(84)	(49)	(93)	(152)	(192)
If ever injected drugs, shared needles since 1978						
Yes			0	0	15	0
No			100	100	85	100
(n)	(0)	(0)	(2)	(3)	(5)	(2)
If ever injected drugs, injected in past 12 months						
Yes			53	0	15	0
No			47	100	85	100
(n)	(0)	(0)	(2)	(3)	(5)	(2)
If 1+ sex partners in past 12 months, partner(s) ever injected drugs						
Yes	0	0	0	2	0	1
No	100	100	100	99	100	99
(n)	(17)	(68)	(43)	(90)	(134)	(156)

- There were no statistically significant social class differences, as assessed by Chi-Square.
- Percentages may not add to 100 due to rounding.
- W=white collar, B=blue collar, M=male, F=female.

Table 12 reports condom usage by number of sex partners (two or more) and injection drug use. The percentages of respondents using condoms always or sometimes tended to be higher for persons with four or more sex partners in comparison to persons with two sex partners. The number of injection drug users in the sample was small, and while the pattern was not statistically significant, users appeared to be less likely than non-users to say that they used condoms always or sometimes.

Table 13 reports condom usage for persons reporting two or more sex partners in the last two years, by testing for the AIDS virus and perceived chances of getting the virus. Respondents who had been tested and/or expect to be tested were more likely to say that they used condoms always/sometimes and less likely to say that they never used condoms. While the relationships between condom usage and perceived chances of getting the AIDS virus were not statistically significant, persons who felt that they had no chance of getting the AIDS virus tended to be more likely to never use condoms.

Table 14 shows respondents' experience and plans regarding testing for the AIDS virus as well as perceived chances of becoming infected crosstabulated with number of sex partners in the last two years and injection drug use by self or sex partner. The data indicate that persons who had been tested for the AIDS virus and/or expected to be tested in the next twelve months were more

likely to report having had multiple sex partners in the last two years. Furthermore, persons who perceived that they have a high or medium chance of getting the AIDS virus, and to a lesser extent persons who perceived that they have a low chance of getting the AIDS virus, were more likely to report multiple sex partners in comparison to persons who felt that they had no chance at all of getting the virus.

Finally, persons who had been tested or expected to be tested in the next twelve months for the AIDS virus were more likely to report having ever injected drugs or having a sex partner who has ever injected drugs. Furthermore, respondents who felt that their chances of getting the AIDS virus were high/medium or low were more likely to report having ever injected drugs or having a sex partner who has ever injected drugs, in comparison to respondents who felt that they had no chance at all of getting the AIDS virus.

Tables 15A and 15B show respondents' assessments of the statement "A person can be infected with the AIDS virus and not look sick" by social class, controlling for age and sex. While the crosstabulations were generally insignificant statistically, nevertheless it appears that there was a tendency for blue collar respondents to be less likely to say that this statement is "definitely true" and more likely to say that it is "probably true", in comparison to white collar respondents. Similarly, while white collar respondents appeared to be more likely than blue collar

respondents to have had a test for the AIDS virus, the crosstabulations were statistically insignificant. With regards to future testing over the next twelve months, there were no statistically significant or consistent patterns of social class differences. Finally, with respect to perceived chances of getting the AIDS virus, no consistent patterns of social class differences were evident.

TABLE 12

Condom Usage in 1995 for Persons Reporting Two or More Sex Partners in Past Two Years, by Number of Sex Partners in the Past Two Years and Injection Drug Use

	Number Sex Partners in Last Two Years			Injection Drug Use	
	2 %	3 %	4+ %	Yes %	No %
<hr/>					
Condom usage with usual partner(s)					
Always	30	35	43	31	36
Sometimes	35	34	32	11	35
Never	35	31	25	58	29
Total (n)	100 (69)	100 (41)	100 (63)	100 (7)	100 (167)
	$\chi^2=2.93$, df=4, p=.57			$\chi^2=2.98$, df=2, p=.23	
Condom usage with casual partner(s)					
Always	62	66	57	54	61
Sometimes	13	17	37	11	24
Never	25	17	6	35	15
Total (n)	100 (59)	100 (39)	100 (64)	100 (7)	100 (154)
	$\chi^2=16.2$, df=4, p=.003			$\chi^2=2.29$, df=2, p=.32	

TABLE 13

Condom Usage in 1995 for Persons Reporting Two or More Sex Partners in Past Two Years, by Testing for AIDS Virus and Perceived Chances of Getting the AIDS Virus

	Testing for AIDS Virus				Chances of Getting AIDS Virus		
	Had Test		Expect Test		AIDS Virus		
	Yes	No	Yes	No	High	Low	None
	%	%	%	%	%	%	%
Condom usage with usual partner(s)							
Always	33	38	44	31	32	37	35
Sometimes	43	27	43	31	44	33	26
Never	24	35	13	38	24	29	38
Total	100	100	100	100	100	99	99
(n)	(74)	(100)	(46)	(121)	(30)	(107)	(35)
	$\chi^2=5.31, p=.07$		$\chi^2=9.58, p=.008$		$\chi^2=2.94, p=.57$		
Condom usage with casual partner(s)							
Always	61	61	66	62	67	65	44
Sometimes	31	18	33	18	23	22	29
Never	8	21	2	21	10	13	28
Total	100	100	101	101	100	100	101
(n)	(66)	(96)	(46)	(109)	(30)	(99)	(31)
	$\chi^2=7.02, p=.03$		$\chi^2=10.8, p=.004$		$\chi^2=6.70, p=.15$		

Percentages may not add to 100 due to rounding.

TABLE 14

Number of Sex Partners in Last Two Years
and Injection Drug Use for Self and Partner,
by Testing for the AIDS Virus and Perceived
Chances of Getting the AIDS Virus

	Testing for AIDS Virus				Chances of Getting AIDS Virus		
	Had Test		Expect Test		AIDS Virus		
	Yes	No	Yes	No	High	Low	None
	%	%	%	%	%	%	%

Number of sex partner(s) in last two years							
1	71	85	59	85	63	76	92
2	10	6	10	7	16	8	5
3	7	4	11	3	6	7	1
4+	12	5	20	5	15	9	2
Total (n)	100 (257)	100 (689)	100 (116)	100 (822)	100 (82)	100 (450)	100 (432)
	$\chi^2=26.1, p<.000$		$\chi^2=57.9, p<.000$		$\chi^2=64.5, p<.000$		

Ever injected drugs							
Self							
Yes	4	1	4	2	7	2	1
No	96	99	96	98	93	98	99
Total (n)	100 (286)	100 (882)	100 (125)	100 (1026)	100 (92)	100 (520)	100 (572)
	$\chi^2=9.84, p=.002$		$\chi^2=1.67, p=.20$		$\chi^2=14.6, p=.001$		

Partner							
Yes	2	-	2	-	2	1	-
No	98	100	98	100	98	99	100
Total (n)	100 (254)	100 (700)	100 (114)	100 (833)	100 (83)	100 (453)	100 (436)
	$\chi^2=10.4, p=.001$		$\chi^2=4.07, p=.04$		$\chi^2=1.98, p=.37$		

"-" indicates that percentage is less than 0.5%.

TABLE 15A

**Respondents' Assessments of the Statement
"A person can be infected with the AIDS virus and not look sick."
Testing for HIV/AIDS, and Perceived Chances of Getting the AIDS
Virus, by Age and Social Class, for Females, 1995**

	Ages 18-26		Ages 27-35		Ages 36+	
	W	B	W	B	W	B
	%	%	%	%	%	%
Respondents' Assessments of the Statement "A person can be infected with the AIDS virus and not look sick."						
Definitely true	95	82	79	75	74	61
Probably true	5	15	20	24	24	37
Probably/Definitely false	0	3	1	2	3	2
Total	100	100	100	101	101	100
(n)	(34)	(65)	(60)	(53)	(199)	(139)
					p=.03	
Ever had test for AIDS virus						
Yes	38	29	34	33	19	14
No	62	71	66	67	81	86
(n)	(34)	(64)	(59)	(51)	(202)	(148)
Expect to be tested within 12 months						
Yes	18	22	6	16	4	7
No	82	78	95	84	96	93
(n)	(34)	(65)	(60)	(52)	(200)	(143)
Chances of getting AIDS virus						
High/Medium	21	8	5	9	8	6
Low	49	50	53	61	44	32
None	30	42	42	30	48	62
(n)	(34)	(66)	(61)	(53)	(204)	(150)
					p=.04	

- Probability is according to Chi-Square and shown only when significant.
- Percentages may not add to 100 due to rounding.
- W=white collar, B=blue collar, M=male, F=female.

TABLE 15B

**Respondents' Assessments of the Statement
"A person can be infected with the AIDS virus and not look sick,"
Testing for HIV/AIDS, and Perceived Chances of Getting the AIDS
Virus, by Age and Social Class, for Males, 1995**

	Ages 18-26		Ages 27-35		Ages 36+	
	W	B	W	B	W	B
Sexual Behaviour	%	%	%	%	%	%
Respondents' Assessments of the Statement "A person can be infected with the AIDS virus and not look sick."						
Definitely true	92	76	90	76	65	67
Probably true	8	22	10	23	32	30
Probably/Definitely false	0	2	0	1	3	4
Total	100	100	100	100	100	101
(n)	(20)	(83)	(48)	(92)	(147)	(182)
Ever had test for AIDS virus						
Yes	56	35	31	30	22	19
No	44	65	69	70	78	81
(n)	(20)	(84)	(49)	(90)	(151)	(192)
Expect to be tested within 12 months						
Yes	36	27	6	13	8	8
No	64	73	94	87	92	92
(n)	(20)	(82)	(49)	(92)	(147)	(188)
Chances of getting AIDS virus						
High/Medium	12	14	13	11	1	6
Low	45	46	62	44	42	42
None	42	41	25	45	57	52
(n)	(20)	(84)	(49)	(93)	(152)	(193)
p=.05						

- Probability is according to Chi-Square and shown only when significant.
- Percentages may not add to 100 due to rounding.
- W=white collar, B=blue collar, M=male, F=female.

7. Public Education Regarding HIV/AIDS

Respondents were asked in the 1995 and 1993 surveys in what grade they thought education should start about sexual health, HIV infection and AIDS, birth control, and other sexually transmitted diseases. Table 16 shows that the majority of respondents thought that education on these issues should begin in elementary school. The median grade for beginning education on sexual health and HIV infection/AIDS was grade 5, and for other STD and birth control was grade 6. Respondents in 1995 thought that education should begin a little earlier than respondents thought in 1993.

Respondents were also asked in the 1995 and 1993 surveys if there should be more, less, or about the same emphasis on condom use in junior high school (grades 7-9) and in senior high school (grades 10-12) classroom instruction. Table 17 shows that while the majority preferred more emphasis on condom use, this preference was not as pronounced in 1995 as it was in 1993. That is, respondents were more likely in 1995 to say that the same or less emphasis should be placed on condom use.

Table 18 shows public opinion regarding the appropriate level of public health messages provided by Alberta Health on the prevention of HIV/AIDS. The majority (56%) of respondents felt that Alberta Health should provide more public health messages while most other respondents (42%) felt that Alberta Health should continue to provide the same level of public health messages.

TABLE 16

**Respondents' Opinions Regarding the School Grade in Which
Education in Selected Topics Should Start, 1995 and 1993**

Topic	1995								1993							
	Grade								Grade							
	K-3	4	5	6	7	8+	Total	(O)	K-3	4	5	6	7	8+	Total	(O)
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Sexual Health	15	14	23	22	18	9	101	(2)	14	11	17	23	23	11	99	(1)
$\chi^2=23.2$, $df=5$, $p<.001$							(n=1161)								(n=1220)	
HIV Infection	19	13	20	21	18	10	101	(1)	20	11	17	20	21	12	101	(1)
and AIDS							(n=1175)								(n=1236)	
$\chi^2=9.2$, $df=5$, $p>.05$																
Other Sexually																
Transmitted	7	10	20	24	25	14	100	(1)	12	10	17	23	25	13	100	(1)
Diseases							(n=1174)								(n=1225)	
$\chi^2=18.7$, $df=5$, $p<.01$																
Birth Control	5	9	21	25	26	16	102	(2)	7	7	16	25	27	18	100	(2)
$\chi^2=17.6$, $df=5$, $p<.01$							(n=1149)								(n=1216)	

Percentages may not add to 100 due to rounding.

"O" indicates that respondents said that topic should not be taught in school.

TABLE 17

**Public Opinion Regarding the Appropriate Level of Emphasis
on Condom Use in Junior and Senior High School, 1995 and 1993**

	Appropriate Level of Emphasis on Condom Use									
	1995					1993				
	More %	Same %	Less %	Total %	(n) %	More %	Same %	Less %	Total %	(n)
Junior High $\chi^2=11.6$, df=2, p<.01	66	22	12	100	(1067)	71	21	8	100	(1140)
Senior High $\chi^2=54.4$, df=2, p<.001	65	25	10	100	(1070)	78	19	4	101	(1151)

Percentages may not add to 100 due to rounding.

TABLE 18

Public Opinion Regarding the Appropriate Level of
Public Health Messages Provided by Alberta Health
on the Prevention of HIV/AIDS, 1995

Should Alberta Health Provide More, Less, or About the Same
Public Health Messages on the Prevention of HIV/AIDS?

More	56%
Same	42%
Less	3%
(n)	(1170)

Percentages may not add to 100 due to rounding.

8. Conclusion

The 1995 HIV/AIDS issues survey had three objectives. The first was to assess the opinions and behaviours of adult Albertans with respect to a number of HIV/AIDS issues. The second objective was to assess change in opinions and behaviours by comparing responses from the 1995, 1994, 1993, 1992, and 1990 HIV/AIDS issues surveys. The final objective was to examine social class differences, controlling for age and sex. A review and discussion of the findings follows.

Most Albertans are aware that a person can be infected with the AIDS virus and not look sick. This finding provides some assurance that people will not assume that another person is uninfected just because that person looks healthy. This awareness may make people more likely to take precautions; for example, it may encourage people to practice safer sex.

About one in four of the respondents to the 1995 survey had been tested for HIV previously while 11% expected to be tested in the next twelve months. Respondents who had been tested and/or expected to be tested were more likely to say that they used condoms always or sometimes as opposed to never. In addition, respondents who had been tested and/or expected to be tested were more likely to report having multiple sex partners in the last two years and were more likely to report having ever injected drugs or having a sex partner who has ever injected drugs. These

findings suggest that persons engaged in potentially risky behaviour are more likely to take precautions to prevent HIV infection and/or more likely to undergo testing to assess their HIV status.

The majority of respondents thought that the following persons should all be tested for HIV, even if they do not give consent: blood and organ donors, prostitutes, injection drug users, health care workers, expectant mothers, recipients of blood transfusions, patients entering hospitals, and homosexual and bisexual men. Testing without consent and, presumably, without the promise of confidentiality raises a number of concerns regarding ethics and civil rights. The public's willingness to overlook these issues is striking and indicates a concern on the part of the public that HIV/AIDS be monitored closely in order to prevent its spread.

Most Albertans perceive themselves to be at either no or low risk for getting the AIDS virus. The majority of respondents to the survey indicated that if they did get AIDS, they would likely get it through blood transfusions and blood products or through other medical contingencies. This finding is striking because infection contracted from blood products is very unlikely, illustrating that perceptions do not necessarily reflect reality.

About one in three respondents felt that if they did get AIDS, it would be from sexual behaviour. Concern about sexual sources of infection was highest among the 18-26 year olds while concern

about medical sources of infection was highest among persons over 35 years of age. Furthermore, persons who felt that their risk of getting AIDS was high or medium indicated that sexual behaviour would be their most likely source of exposure. On the other hand, in spite of epidemiological evidence to the contrary, persons who felt that their risk of getting AIDS was low or none indicated that medical reasons would be their most likely source of exposure.

One in six respondents reported two or more sex partners in the last two years. Males were more likely than females to have had multiple partners. Respondents were more likely to use condoms with a casual partner and with multiple partners. These respondents reported that their primary reason for using condoms was for protection from HIV and other sexually transmitted diseases. Condoms were **not** always used and persons with multiple sex partners who did not always use a condom reported several reasons for not using a condom each time including having confidence in one's partner, dislike of condoms, and not always having a condom available.

Only 24 (2%) of respondents admitted to having ever injected drugs and only six indicated that a recent sex partner had ever injected drugs. A survey of a random sample of the general population is not an efficient way of obtaining information about relatively uncommon behaviours such as injection drug use.

The majority of respondents thought that education on sexual health, HIV infection/AIDS, other sexually transmitted diseases, and birth control should begin in elementary school. Furthermore, the majority of respondents thought that there should be more emphasis on condom use in junior and senior high school classroom instruction. Finally, Albertans strongly endorse the continued or increased provision of public health messages by Alberta Health on the prevention of HIV/AIDS.

The second objective of this study was to compare responses to questions asked in the 1995 survey with responses given to the same questions asked on previous surveys. Respondents were more likely in 1995, in comparison to 1994 and 1992, to say that it is definitely true that people can be infected with the AIDS virus and not look sick. It would appear that public awareness of the nature of HIV infection and AIDS continues to improve. The percentage of the population that has ever been tested for HIV (AIDS) continues to rise. As time passes, one would expect that more and more people will have been tested at least once, for whatever reason. Public opinion in 1995, compared to 1990, was more likely to support the involuntary testing of health care workers, prostitutes, and injection drug users and less likely to support the involuntary testing of recipients of blood transfusions and homosexual and bisexual men. These patterns of change perhaps indicate a shift in public perceptions regarding the primary sources of infection, in particular, a shift from gay men to IV drug users and prostitutes.

Finally, there is an indication that the public in 1995 endorses sexuality education in the public schools somewhat earlier in the curriculum than in 1993.

The third objective of this study was to examine social class differences. There were few consistent or statistically significant social class differences, after controlling for age and sex. White collar women of all ages were more likely than blue collar women of the same ages and more likely than men to feel that if they did get the AIDS virus, they would most likely have contracted the virus at work. This finding is most likely explained by the concentration of women in health care occupations such as nursing and medical laboratory technology. White collar women over age 26, in comparison to blue collar women, felt that if they did get the AIDS virus, they would be more likely to get it for medical reasons and less likely to get it from sexual behaviour. Social class differences between males were less evident.

Alberta Health has surveyed adult Albertans about HIV/AIDS issues every year but one since 1990. There is much in the findings of these surveys that is encouraging. For example, most adult Albertans indicate that they do not engage in behaviours that would put them at risk for HIV infection, and accordingly, most feel that they are at minimal risk. Nevertheless, the majority may yet find themselves endangered by the relatively small minority who engage in unprotected sex with multiple and/or casual partners or who

share needles used to inject drugs. Much remains to be done to educate and motivate these individuals to protect themselves, their partners, and society in general.

APPENDIX 1

Questions Asked on the 1995, 1994, 1993, 1992 and 1990 Surveys

Question	Survey				
	1995	1994	1993	1992	1990
Known Anyone with AIDS					
Have you ever personally known anyone with AIDS or the AIDS virus? (yes, no)		x			x
Chances of Getting the AIDS Virus					
What are your chances of <u>getting</u> the AIDS virus?					
Do you think they are high, medium, low, or none?	(x)	(x)		(x)	x
What do you think your chances are of <u>getting</u> the AIDS virus? Do you think they are high, medium, low, or none?	x	x		x	(x)
Why do you think that? (Probe) (Record up to two answers)		x		x	
If you did get AIDS what do you think is the most likely way that you would have contracted the virus? (Probe) (Record up to two answers)	x				
Testing					
What kinds of situations in your personal life would lead you to get a blood test for HIV/AIDS? (Indicate order in which mentioned, e.g. 1, 2)					x
- blood transfusion					
- as a blood donor					
- spouse/partner unfaithful					
- new relationship/multiple partners					
- forced to get one (e.g. insurance)					
- drug use					
- unprotected sex					
- other (specify)					
If you thought you were at risk of HIV/AIDS where would you go for an HIV/AIDS test?					x
- my (family) doctor					
- a doctor					
- medical/health clinic					
- Red Cross					
- STD clinic					
- other (specify)					

Question	Survey				
	1995	1994	1993	1992	1990
Have you ever been tested for HIV (AIDS)? (yes, no)	x	(x)		(x)	
Have you ever had a test for infection with the AIDS virus? (yes, no)	(x)	x		x	
(If tested) Why did you have the test for the AIDS virus?				x	
• for my own information					
• my doctor thought I needed to have it done					
• when I went into a hospital or was having a surgical procedure					
• as a requirement for life insurance					
• as a requirement for health insurance					
• I was donating blood					
• other (specify)					
(If tested) When you had the AIDS test for infection with the AIDS virus, did anyone talk to you about the test? (Most recent test) (yes, no)				x	
(If yes) Who talked to you about it? (Circle all that apply)				x	
- a health professional					
- someone from the insurance company					
- other (specify)					
(If yes) What specific things did they tell you? (Record up to two answers)				x	
(If tested) Did you <u>want</u> the results of the test? (yes, no, uncertain)				x	
(If no) Why didn't you (want the results of the test)? (Record answer)				x	
(If tested) Did you <u>get</u> the results of your test? (yes, no)				x	
(If yes) Were the results given in person, by telephone, by mail, or in some other way (specify)?				x	
When you received the results of your test, did anyone talk to you about the results? (yes, no)				x	

Question	Survey				
	1995	1994	1993	1992	1990
(If yes) Who talked with you about this? (Circle all that apply)				x	
- a health professional					
- someone from the insurance company					
- other (specify)					
(If yes) What specific things did they say about the results? (Record up to two answers)				x	
(If you did not get the results of your test) Why did you not get the results (for your AIDS test)? (Record answer)				x	
Do you expect to have a blood test for infection with the AIDS virus in the next 12 months? (yes, no)	(x)	x			x
Do you expect to have a blood test for HIV (AIDS) in the next 12 months? (yes, no)	x	(x)			(x)
Please tell me your opinion on the following statement: Employers should have the right to require an employee to be tested for the AIDS virus. (strongly agree, agree, disagree, strongly disagree)					x
AIDS has been described as one of the major health problems in the country. A study may be done and blood samples taken to find out just how widespread the problem is.					
a. If you were selected in this national sample of people to have their blood tested with assurances of privacy of test results, would you have the test? (yes, no)					x
b. If you had your blood tested, would you insist on knowing the results? (yes, no)					x
c. Should people's blood be tested for the AIDS virus without their knowledge it was being done? (yes, no)					x

Question	Survey				
	1995	1994	1993	1992	1990
Please tell me if you think any of the following people should be tested for HIV (1995) / AIDS (1990), even if they do not give consent? (Read) (yes, no)					
Recipients of blood transfusions	x				x
Blood donors and organ donors (e.g. kidneys)	x				x
Patients entering hospital	x				x
Health care workers	x				x
Expectant mothers	x				
The military and airline pilots	x				x
Homosexuals (gay men)	x				x
Bisexual men	x				x
Prostitutes (male or female)	x				x
Injection drug users	x				x
Any others? (specify)	x				x

Knowledge

In your estimation, what percentage of people who now have the AIDS virus will eventually get sick with AIDS? Would it be less than 10%, 10 to 49%, 50 to 89%, or 90 to 100%?

x

In your estimation, what percentage of people who now have the AIDS virus are actually sick with AIDS? Would it be less than 10%, 10 to 49%, 50 to 89%, or 90 to 100%?

x

Please tell if you think the following statement is definitely true, probably true, probably false, or definitely false: A person can be infected with the AIDS virus and not look sick. (Repeat categories)

x

x

x

Opinions

Please tell me how much you agree or disagree with these statements: (1=strongly disagree, 7=strongly agree)

a. Most AIDS victims deserve what they got (i.e. the AIDS disease).

x

b. If a child with AIDS were to attend my child's school, I would take my child out of the school.

x

Question	Survey				
	1995	1994	1993	1992	1990
c. People who get AIDS deserve first class health care.					x
(If 5, 6 or 7) Is that the case regardless of what it costs? (yes, no)					x
We need to know where people think it would be acceptable for the public to buy condoms. I'm going to read a list of places. Please tell me whether you think condoms should be sold there.					
- In service stations? (yes, no)				x	
In service stations, should they be sold at the counter, available from machines in washrooms, or both?				x	
- Should condoms be sold in restaurants? (yes, no)				x	
In restaurants, should they be sold at the counter, available from machines in washrooms, or both?				x	
- Should condoms be sold in bars and lounges? (yes, no)				x	
In bars and lounges, should condoms be sold at the counter, available from machines in washrooms, or both?				x	
- Should condoms be sold in 24-hour convenience stores? (yes, no)				x	
In 24-hour convenience stores, should condoms be sold at the counter, available from machines in washrooms, or both?				x	
- Should condoms be sold in senior high schools (grades 10-12)? (yes, no)				x	
- Should condoms be sold in workplaces? (yes, no)				x	

Question	Survey				
	1995	1994	1993	1992	1990
- Where else should condoms be available? (Indicate order in which mentioned, e.g. 1, 2)				x	
- drugstore					
- doctor's offices/clinics					
- hotels/motels					
- airports/bus depots					
- other (specify)					
Education					
In many Alberta communities there are people who have HIV infection or AIDS. What can be done to encourage <u>your</u> community to accept without discrimination members of your community who have HIV/AIDS. (Probe for specifics, particularly if response is "education".) (Record up to three answers.)				x	
In schools, at what grade (kindergarten through 12) should education start about each of the following? (Randomized)					
- Sexual health	x			x	
- HIV infection and AIDS	x			x	
- Birth control	x			x	
- Other sexually transmitted diseases	x			x	
In public health messages on the prevention of HIV/AIDS and other sexually transmitted diseases, should there be more, less or about the same emphasis on abstinence from sexual intercourse?				x	
Should there be more, less or about the same emphasis (in public health messages) on the use of condoms?				x	
(More specifically,) should there be more, less, or about the same emphasis on condom use:					
- on television? more, less, or about the same?				x	
- more, less, or about the same emphasis on condom use in newspapers and magazines?				x	
- in pamphlets available in public places such as drugstores and supermarkets? more, less, or about the same?				x	

Question	Survey				
	1995	1994	1993	1992	1990
- in senior high school classroom instruction (grades 10-12)? more, less, or about the same?	x		x		
- in junior high school classroom instruction (grades 7-9)? more, less, or about the same?	x		x		
Research in Alberta has shown that people need <u>frank messages</u> to encourage them to change sexual behaviours through which HIV infection can be spread. Do you think these <u>frank messages</u> should appear on:				x	
- television?					
- radio?					
- newspapers?					
- transit ads (e.g. bus, LRT, etc.)?					
- posters?					
- billboards?					
- any other places? (specify)					
People responsible for providing HIV/AIDS messages need to know how well the public understands certain terms, and the risk of spreading HIV/AIDS. For the following please tell me if you are very sure or uncertain about the meaning.					
How sure are you of what "saliva" is?					
Are you very sure or uncertain?				x	
(If very sure) How likely is it that HIV infection can be spread by saliva? Very likely, somewhat likely, not at all likely?				x	
How sure are you of what "semen" is?					
Are you very sure or uncertain?				x	
(If very sure) How likely is it that HIV infection can be spread by semen? Very likely, somewhat likely, not at all likely?				x	
How sure are you of what "monogamy" is?					
Are you very sure or uncertain?				x	
(If very sure) How likely is it that HIV infection can be spread through monogamy? Very likely, somewhat likely, not at all likely?				x	

Question	Survey				
	1995	1994	1993	1992	1990
How sure are you of what "pre-ejaculate" is? Are you very sure or uncertain?				x	
(If very sure) How likely is it that HIV infection can be spread by pre-ejaculate? Very likely, somewhat likely, not at all likely?				x	
How sure are you of what "vaginal secretions" mean? Are you very sure or uncertain?				x	
(If very sure) How likely is it that HIV infection can be spread by vaginal secretions? Very likely, somewhat likely, not at all likely?				x	
How likely is it that HIV infection can be spread by <u>blood</u> ? Very likely, somewhat likely, not at all likely?				x	
Should Alberta Health (provincial government department) provide more, less, or about the same public health messages on the prevention of HIV/AIDS?		x			

Risk Factors and Condom Usage

I am going to read a list of statements. Please tell me after I finish all of the statements if at least one is true for you.

- You have used drugs by needle at any time since 1977.
- You have haemophilia and have received clotting factor concentrates since 1977.
- You are a man who has had sex with another man at some time since 1977, even one time.
- You have had sex for money or drugs at any time since 1977.
- Since 1977, you are or have been the sex partner of any person who would answer yes to any of the items I've just read.

Were any of the statements I read true for you?
(yes to at least one, no to all of them)

(x) (x) x

Question	Survey				
	1995	1994	1993	1992	1990
<p>Now I am going to read a list of statements that might apply to you. Please tell me after I finish with all of the statements, if <u>at least one</u> would be true for you at any time <u>since the early 1980s</u>.</p> <ul style="list-style-type: none"> • You have injected drugs or shot up, including steroids, during that time. • You took part in anal sex. • It is likely that any person with whom you had sex, had previously injected drugs, including steroids. 					
Were any of the statements I read true for you? (<u>yes</u> to at least one, <u>no</u> to all of them)		x		x	(x)
Have you ever injected drugs? (yes, no)	x				
(If yes) Since 1978, have you ever shared needles? (yes, no)	x				
(If yes) Did you clean the needles with bleach every time?	x				
(If ever injected drugs) In the past 12 months did you inject drugs? (yes, no)	x				
(If shared needles since 1978) Did you share needles in the past 12 months? (yes, no)	x				
(If yes) Did you clean the needles with bleach every time in the past 12 months? (yes, no)	x				
(If shared needles since 1978) Did you go to a needle exchange program in the past 12 months? (yes, no)	x				
In the last <u>two years</u> have you had sex with <u>at least one new partner</u> ? (yes, no)		x		x	x
(If new partner) How many new partners did you have?					x
(If new partner) <u>In total</u> , how many partners have you had in the last two years?		x		x	

Question	Survey				
	1995	1994	1993	1992	1990
(If new partner) (Ask males only) Were all your partners/Was your partner female or male, or some female and some male?		x		x	
(If new partner) (Ask females only) Were all your partners/Was your partner male or female, or some female and some male?		x		x	
(If new partner) Did you use a condom all of the time, most of the time, some of the time or not at all?		(x)		(x)	x
(If new partner) Did you and your partner(s) <u>always</u> use a condom, <u>never</u> use a condom, or <u>sometimes</u> use a condom?		x		x	(x)
(If never or sometimes use a condom) Why didn't you and your partner(s) use a condom (all of the time)? (Record up to two answers)		x		x	
How many people have you had sex with in the last <u>two years</u> ?	x				
(If one or more sex partners) (Ask males only) Were all your partners/Was your partner female or male, or some female and some male?	x				
(If one or more sex partners) (Ask females only) Were all your partners/Was your partner male or female, or some female and some male?	x				
(If one sex partner) Was your partner a casual partner? (yes, no)	x				
(If no) How often did you use a condom with your "usual" sex partner? Always, sometimes, or never?	x				
(If yes) How often did you use a condom with your "casual" sex partner? Always, sometimes, or never?	x				
(If two or more sex partners) How often did you use a condom with your "usual" sex partner(s)? Always, sometimes, or never?	x				

Question	Survey				
	1995	1994	1993	1992	1990
(If two or more sex partners) How often did you use a condom with your "casual" sex partner(s)? Always, sometimes, or never?	x				
(If condom use was always or sometimes) When you used condoms, what were the reasons? (Record up to three answers)	x				
(If condom use was sometimes or never) What was your <u>MAIN</u> reason for not using condoms each time you had sexual intercourse? (Do not read)	x				
Didn't always have one available					
Want to have a child					
Condoms are not natural					
Condoms don't feel good/don't fit					
Too embarrassed to buy them					
Too expensive					
Use other method of contraception					
Interrupted lovemaking/spoiled the mood					
Against religion to use contraception					
Partner did not ask me to use one					
Other (Specify)					
(If one or more sex partners) Think of your sex partner(s) in the past 12 months. Did your partner/Did any of your partners (usual or casual) ever inject drugs? (yes, no)	x				
How <u>effective</u> do you think condoms are to prevent getting the HIV/AIDS virus through having sex? very effective, somewhat effective, not at all effective?			x	(x)	
How effective do you think the use of a condom is to prevent getting the AIDS virus through having sex? very effective, somewhat effective, not at all effective?			(x)	x	
(If somewhat effective or not at all effective) Why do you think that?				x	

(x) means that a question similar in wording, although not identical, was used in the years indicated.

APPENDIX 2**The 1995 HIV/AIDS Issues Survey Questions**

NEXT ARE SOME QUESTIONS ON AIDS.

- VAR050** 15. Please tell if you think the following statement is DEFINITELY TRUE, PROBABLY TRUE, PROBABLY FALSE, or DEFINITELY FALSE:

A person can be infected with the AIDS virus and NOT look sick.

(REPEAT CATEGORIES)

definitely true.....	1
probably true.....	2
probably false.....	3
definitely false.....	4
don't know (VOLUNTEERED)	5
no response.....	0

- VAR051** 16. a. Have you ever been tested for HIV (AIDS)?

yes.....	1
no.....	2
don't know (VOLUNTEERED)	3
no response.....	0

- VAR052** b. Do you expect to have a blood test for HIV/(AIDS) in the next 12 months?

yes.....	1
no.....	2
don't know (VOLUNTEERED)	3
no response.....	0

- VAR053** 17. a. What do you think your chances are of GETTING the AIDS virus? Do you think they are: **(READ)**

high.....	1
medium.....	2
low, or.....	3
none.....	4
don't know (VOLUNTEERED)	5
no response.....	0

- b. If you did get AIDS what do you think is the most likely way that you would have contracted the virus? **(PROBE)**

VAR054 see APPENDIX C for codes

VAR055 see APPENDIX C for codes

18. In schools, at what grade (kindergarten through 12) should education start about each of the following? **(RANDOMIZED)**

VAR056

Question order effect.

sexual health..... 1
 HIV infection..... 2
 birth control..... 3

VAR057

sexual health GRADE _____

VAR058

HIV infection and AIDS _____

VAR059

birth control _____

VAR060

other sexually transmitted diseases _____

coded as actual grades

19. Should there be MORE, LESS, or ABOUT THE SAME emphasis ON CONDOM USE **(READ)**

VAR061

- a. in senior high school classroom instruction (grades 10-12)?
(READ)

more 1
 less 2
 about the same 3
 don't know **(VOLUNTEERED)** 4
 no response 0

VAR062

- b. in junior high school classroom instruction (grades 7-9)?
(READ)

more 1
 less 2
 about the same 3
 don't know **(VOLUNTEERED)** 4
 no response 0

20. Please tell me if you think any of the following people should be tested for HIV, even if they do not give consent? **(READ)**

VAR063

	YES	NO	DK	NR
recipients of blood transfusions.....	1	2	3	0

VAR064

blood donors and organ donors (e.g. kidneys).....	1	2	3	0
--	---	---	---	---

VAR065

patients entering hospital.....	1	2	3	0
---------------------------------	---	---	---	---

VAR066

health care workers.....	1	2	3	0
--------------------------	---	---	---	---

VAR067

expectant mothers (prenatal testing).....	1	2	3	0
---	---	---	---	---

VAR068

the military and airline pilots.....	1	2	3	0
--------------------------------------	---	---	---	---

VAR069

homosexuals (gay men).....	1	2	3	0
----------------------------	---	---	---	---

VAR070

bisexual men.....	1	2	3	0
-------------------	---	---	---	---

VAR071

prostitutes (male or female).....	1	2	3	0
-----------------------------------	---	---	---	---

VAR072

injection drug users.....	1	2	3	0
---------------------------	---	---	---	---

VAR073

any others? (SPECIFY) _____	1	2	3	0
------------------------------------	---	---	---	---

VAR074

Others to be tested for HIV.

see APPENDIX D for codes

VAR075

Others to be tested for HIV.

see APPENDIX D for codes

VAR076

21. Should Alberta Health (provincial government department) provide MORE, LESS, or ABOUT THE SAME public health messages on the prevention of HIV/AIDS?

more 1
 less 2
 about the same 3
 don't know (**VOLUNTEERED**) 4
 no response 0

VAR077

22. Now we are going to ask you some personal questions and we would appreciate your **FRANK and HONEST** response. Please remember your answers will be kept confidential. How many people have you had sex with in the last TWO YEARS?

coded as actual number of people _____ (**IF ZERO GO TO 29a**)

no response 98 (**ASK 23**)

***** **ASK MALES ONLY** *****

VAR078

23. (Were all/was) your partner(s) FEMALE or MALE
(OR SOME FEMALE AND SOME MALE)?

female only 1 (**GO TO 25a**)
 male only 2 (**GO TO 25a**)
 some female and some male .. 3 (**GO TO 26a**)
 no response 0 (**GO TO 25a**)

***** **ASK FEMALES ONLY** *****

VAR079

24. (Were all/was) your partner(s) MALE or FEMALE
(OR SOME MALE AND SOME FEMALE)?

male only 1 (**ASK 25a**)
 female only 2 (**GO TO 29a**)
 some female and some male 3 (**ASK 26a**)
 no response 0 (**ASK 25a**)

25. ***** **ASK IF ONE PARTNER OTHERWISE GO TO 26** *******VAR080**

a. Was your partner a casual partner?

yes 1 (**GO TO c**)
 no 2 (**ASK b**)

VAR081b. How often did you use a condom with your "usual" sex partner?
(**READ**)

always 1 (**GO TO 27**)
 sometimes 2 (**GO TO 27**)
 never 3 (**GO TO 28**)
 no response 0 (**GO TO 29a**)

VAR082c. How often did you use a condom with your "casual" sex partner?
(**READ**)

always 1 (**GO TO 27**)
 sometimes 2 (**GO TO 27**)
 never 3 (**GO TO 28**)
 no response 0 (**GO TO 29a**)

26. ***** **ASK IF TWO+ PARTNERS** *******VAR083**a. How often did you use a condom with your "usual" sex partner(s)? (**READ**)

always 1
 sometimes 2
 never 3
 don't have a usual sex partner (**VOLUNTEERED**)..... 4
 no response 0

VAR084b. How often did you use a condom with your "casual" sex partner(s)? (**READ**)

always 1
 sometimes 2
 never 3
 don't have a casual sex partner(s) (**VOLUNTEERED**). 4
 no response 0

27. ***** ASK IF CONDOM USE WAS "ALWAYS" OR "SOMETIMES" OTHERWISE GO TO 28 *****

When you used condoms, what were the reasons?

- VAR085** 1. _____
- VAR086** 2. _____
- VAR087** 3. _____

see APPENDIX E for codes

VAR088 28. ***** ASK IF CONDOM USE WAS "SOMETIMES" OR "NEVER" OTHERWISE GO TO 29a *****

What was your MAIN reason for not using condoms each time you had sexual intercourse? (**DO NOT READ**)

- didn't always have one available..... 01
- want to have a child..... 02
- condoms are not natural..... 03
- condoms don't feel good/don't fit..... 04
- too embarrassed to buy them..... 05
- too expensive..... 06
- use other method of contraception..... 07
- interrupted lovemaking/spoiled the mood..... 08
- against religion to use contraception..... 09
- partner did not ask me to use one..... 10
- other 11
- married/long-term relationship..... 20
- have only one partner..... 21
- trust/confidence in partner..... 22
- knowledge of partner/safe partner..... 23
- vasectomy/tubal ligation/hysterectomy..... 24
- child bearing years over/no risk of pregnancy 25
- unplanned sex/heat of the moment..... 30
- didn't think about it/didn't want to..... 31
- didn't see the need..... 40
- stupidity/ignorance/laziness..... 41
- impaired/drunk..... 50
- no response..... 00
- don't know (**VOLUNTEERED**)..... 12
- not applicable..... 99

VAR089 29. a. Have you ever injected drugs?

- yes 1 (**ASK b**)
- no 2 (**GO TO 31**)
- no response 0 (**GO TO 31**)

VAR090

b. Since 1978, have you ever shared needles?

yes 1 (ASK c)
 no 2 (GO TO 30a)
 no response 0 (GO TO 30a)

VAR091

c. Did you clean the needles with bleach every time?

yes 1
 no 2
 no response 0

VAR092

30. a. In the past 12 months did you inject drugs?

yes 1 (ASK b)
 no 2 (GO TO 31)
 no response 0 (GO TO 31)

***** ASK IF SHARED NEEDLES SINCE 1978 OTHERWISE GO TO 31 *****

VAR093

b. Did you share needles in the past 12 months?

yes 1 (ASK c)
 no 2 (GO TO d)
 no response 0 (GO TO d)

VAR094

c. Did you clean the needles with bleach every time in the past 12 months?

yes..... 1
 no..... 2
 no response..... 0

VAR095

d. Did you go to a needle exchange program in the past 12 months?

yes 1
 no 2
 no response 0

31. ***** ASK IF PARTNERS MORE THAN "ZERO" *****

VAR096

Think of your sex partner(s) in the past 12 months. Did (any of) your partner(s) (usual or casual) ever inject drugs?

yes..... 1
 no..... 2
 don't know (VOLUNTEERED)..... 3
 no response..... 0

APPENDIX C (from Questionnaire/Codebook)

**IF YOU DID GET THE AIDS VIRUS, WHAT DO YOU THINK IS THE MOST
LIKELY WAY THAT YOU WOULD HAVE CONTRACTED THE VIRUS?**

Question 17b (VAR054 & VAR055)

-
- | | |
|----|---|
| 01 | blood (unspecified) |
| 02 | blood transfusions/products |
| 03 | dirty needles |
| 04 | first aid |
| 05 | open wound and bites |
| 06 | injury accidents |
| 07 | drug abuse (unspecified) |
| 08 | bodily fluid (saliva) |
| | |
| 20 | infected food |
| 21 | public washrooms |
| | |
| 30 | sexual transmission (intercourse) |
| 31 | gay/homosexual sex |
| 32 | unprotected/unsafe sex |
| 33 | infidelity/promiscuity |
| 34 | infected spouse/partner |
| | |
| 40 | health care worker (unspecified) |
| 41 | hospital/doctor/medical procedures (unclean instruments/IV/needles) |
| 42 | dentist (unclean instruments) |
| | |
| 50 | through my job |
| 60 | contact by infected people (not specified) |
| 87 | other (not specified above) |

MISSING VALUES

- | | |
|----|----------------------------|
| 70 | don't know (have no risks) |
| 88 | don't know (unspecified) |
| 98 | no other reason |
| 99 | not applicable |
| 00 | no response |

APPENDIX D (from Questionnaire/Codebook)

OTHERS TO BE TESTED FOR HIV.

Question 20 (VAR074 & VAR075)

- 01 food handlers
- 02 everybody
- 03 public service workers (e.g. police, firemen, government workers, paramedics)
- 04 people in contact with AIDS victims (family, fellow workers)
- 05 day/child care workers
- 06 youth
- 07 immigrants
- 08 babies, children born to mothers with AIDS
- 09 teachers
- 10 sex offenders
- 11 health professionals (doctors, dentists, nurses)
- 12 people applying for marriage license
- 13 promiscuous people
- 14 prisoners
- 15 priests
- 16 haemophiliacs
- 17 people working with blood
- 18 travellers to foreign countries
- 19 alcoholics
- 20 lesbians
- 21 pregnant mothers
- 22 children of drug users/prostitutes
- 23 politicians, government officials/workers
- 24 librarians
- 25 hostel workers
- 26 anyone working in high risk field
- 27 diabetics
- 28 other professionals/dancers/actors
- 29 everyone sexually active
- 30 athletes
- 23 anyone dealing/working with the public
- 87 other (not specified above)

MISSING VALUES

- 88 don't know
- 98 none other stated
- 00 no response

APPENDIX E (from Questionnaire/Codebook)

WHEN YOU USED CONDOMS, WHAT WERE THE REASONS?**Question 27 (VAR085 & VAR086 & VAR087)**

PROTECTION

- 01 protection (unspecified)
- 02 protection from pregnancy/birth control
- 03 protection from disease (unspecified)
- 04 protection from sexually transmitted disease (STD)
- 05 protection from HIV (AIDS)

SAFETY

- 20 safety (unspecified)
- 21 safe sex
- 22 beginning relationship (not know partner)

OTHER

- 87 other reason (not specified above)

MISSING VALUES

- 30 no reason not to use condoms
- 98 no other response
- 99 not applicable
- 00 no response

APPENDIX F (from Questionnaire/Codebook)

NATIONAL OCCUPATIONAL CLASSIFICATION (NOC)*
**Major Group Structure
Two Digit Code Numbers**
Question 34 (VAR104)

Variable 104 represents the NOC Major Group Structure (2 digit) categories of the occupational Variable 103 (Question 34). Each of the 26 Major Groups belongs to one of the following **Skill Level** categories which are commonly accepted entry requirements for employment:

SKILL LEVEL A	Professional Occupations - university degree
SKILL LEVEL B	Technical, Paraprofessional, and Skilled Occupations - two to three years of college or technical institute, or two to four years of apprenticeship training, or three to four years of secondary school and more than two years of on-the-job training
SKILL LEVEL C	Intermediate Occupations - one to four years of secondary education and up to two years of on-the-job training
SKILL LEVEL D	Labouring and Elemental Occupations - up to two years of secondary school and short work demonstration

The Major Group and Skill Level categories are as follows:

- 01 Senior Management Occupations (A)
- 02 Middle and Other Management Occupations (A)
- 03 Professional Occupations in Business and Finance (A)
- 04 Skilled Administrative and Business Occupations (B)
- 05 Clerical Occupations (C)
- 06 Professional Occupations in Natural and Applied Sciences (A)
- 07 Technical Occupations Related to Natural and Applied Sciences (B)
- 08 Professional Occupations in Health (A)
- 09 Technical and Skilled Occupations in Health (B)
- 10 Assisting Occupations in support of Health Services (C)
- 11 Professional Occupations in Social Science, Education, Government Services and Religion (A)
- 12 Paraprofessional Occupations in Law, Social Services, Education and Religion (B)
- 13 Professional Occupations in Art and Culture (A)
- 14 Technical and Skilled Occupations in Art, Culture, Recreation and Sport (B)
- 15 Skilled Sales and Service Occupations (B)
- 16 Intermediate Sales and Service Occupations (C)
- 17 Elemental Sales and Service Occupations (D)
- 18 Trades and Skilled Transport and Equipment Operators (B)
- 19 Intermediate Occupations in Transport, Equipment Operation, Installation and Maintenance (C)
- 20 Trades Helpers, construction Labourers and related Occupations (D)

- 21 Skilled Occupations in Primary Industry (B)
- 22 Intermediate Occupations in Primary Industry (C)
- 23 Labourers in Primary Industry (D)
- 24 Processing, Manufacturing and Utilities Supervisors and Skilled Operators (B)
- 25 Processing and Manufacturing Machine Operators and Assemblers (C)
- 26 Labourers in Processing, Manufacturing and Utilities (D)

MISSING VALUES

- 96 Keeping house
- 98 Student
- 00 No response

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